

MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
SEPTEMBER 4, 2013
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Stephanie Arnold, *Department of Criminal Justice Services (DCJS)*
Senator George L. Barker, *Virginia State Senate*
Hilda Bauer, *Virginia Association of Drug and Alcohol Programs (VADAP)*
JoAnn Burkholder, *Department of Education (DOE)*
Curtis Coleburn, *Alcoholic Beverage Control (ABC)*
Jack Frazier, *Department of Social Services (DSS)*
Henry H. Harper, III, *Virginia Foundation for Healthy Youth (VFHY)*
Delegate M. Keith Hodges, *Virginia House of Delegates*
Parham Jaber, M.D., *Department of Health (VDH)*
Jamie MacDonald, *Virginia Association of Community Services Boards/Prevention (VACSB-Prevention)*
Art Mayer, *Department of Juvenile Justice (DJJ)*
Charlene Motley, *Commission on the Virginia Alcohol Safety Action Program (VASAP)*
Jean Mottley, Ph.D., *Department of Corrections (DOC)*
Ron Pritchard, *Virginia Association of Addiction Professionals (VAAP)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Patricia Shaw, *Virginia Drug Court Association (VDCA)*
Diane Williams, *Substance Abuse Certification Alliance of Virginia (SACAVA)*
Delegate Christopher Stolle, *Virginia House of Delegates*

STAFF:

Lynette Bowser, *Department of Behavioral Health and Developmental Services (DBHDS)*
Margaret Anne Lane, *Department of Behavioral Health and Developmental Services (DBHDS)*
Karen Taylor, *Office of the Attorney General (OAG)*

GUESTS:

C. Dudley Bush, III, *Virginia Department of Corrections (DOC)*
Becky Bowers-Lainer, *Virginia Association of Community Services Boards (VACSB) and
Substance Abuse and Addiction Recovery Alliance (SAARA)*
Kimberly Burt, *Department of Motor Vehicles (DMV)*

- I. WELCOME AND INTRODUCTION:** The meeting was called to order at 10:00 a.m. by Vice-Chairman Ron Pritchard, with introductions by those in attendance.
- II. REVIEW OF MINUTES FROM JULY 10, 2013 MEETING.** A motion was made by Denise Williams and seconded by Art Mayer to approve the minutes from the July 10, 2013 meeting. The motion was carried.
- III. UPDATE ON THE REENTRY PROGRAM OF THE VIRGINIA DEPARTMENT OF CORRECTIONS:** Vice-chairman Pritchard introduced the speakers from the

Department of Corrections: Dr. Jean Motley, Administrator of Programs and Case Management Services, and Mr. C. Dudley Bush, Administrator for Cognitive and Reentry Services.

Dr. Motley introduced Mr. Bush as one of the major contributors to the reentry services that are being developed and implemented at DOC. The title of the presentation, “Seeding the Ground and Changing the Culture of Corrections,” was developed to reflect the way things are changing at the DOC. Part of the mission of VADOC is to enhance public safety by providing effective programs, reentry services and supervision. Effective reentry policies can improve public safety, reduce victimization, improve outcomes for offenders returning to their communities and favorably impact recidivism. Today’s presentation described the steps that preceded the creation of the Virginia Adult Reentry Initiative (VARI), discussed the VARI plan, described the challenges in implementing the model, and described the Cognitive Community Reentry Model in detail. Dr. Motley also discussed key components underway prior to 2010, the importance of reentry efforts, establishment of VARI, and the mission and goals of VARI.

The reentry effort is important because 90% of the offenders in Virginia will return to home. DOC releases over 11,000 offenders a year. Effective reentry policies can improve public safety, reduce victimization, improve outcomes for offenders returning to their communities, and favorably impact recidivism. In 2010 Virginia was tied for the six lowest (best) recidivism rate. Virginia is now second in the nation with a 23.4 percent recidivism rate, with only Oklahoma having a lower rate. The origin of VARI began May 11, 2010 when the Governor signed Executive Order Number 11 establishing the Virginia Prisoner and Juvenile Offender Reentry Council and tasked the members with developing collaborative reentry strategies. The mission of VARI is to promote public safety and reduce crime by preparing offenders for success and providing services and supervision from the time the offender enter prison through his or her transition and reintegration in the community. It is a four year strategic plan starting from July 2010 to July 2014. There are efforts underway to update the strategic plan and to keep moving forward. Dr. Motley briefly described the seven goals of VARI and emphasized that the reentry process starts the day the offender comes into contact with DOC.

Mr. Bush discussed the Cognitive Community Model that establishes a theoretical framework that employs evidence-based approaches. Mr. Bush reviewed the origins of the Cognitive Community Model, including its primary goal, the cognitive community approach, reentry at different security levels, and essential elements of the model. One of the key elements of the model is participation in a Cognitive Community, which has as its primary goal changing negative patterns of thinking, feelings and behaving that predispose crime, drug use, and other antisocial behavior. At the core of this approach is using the offender community itself as the agent of change.

The first Cognitive Community was created at the Southampton Women’s Pre-Release Center in 2004. The recommitment rate of SH completers versus no treatment grew over a three year period. In six months the model was introduced as a six-month intensive re-entry program at Powhatan Correctional Center, a male facility. Based on the successes of the male and female model Cognitive Community Program outcomes, VADOC elected to expand the re-entry model to all offenders releasing from the medium security facilities who were within 12 months of

release. Eleven sites were originally selected across Virginia as Intensive Re-entry Programs (IRPs). Within the last 12 -14 months of their incarceration, offenders are moved to one of the 11 re-entry sites as close as possible to their homes.

A few of the challenges to implementation included short timeframes for implementation, constant staff turnover, fidelity issues and mutant activities and staff burnout. Some lessons learned include the importance of establishing a theoretical framework that is based on research and uses evidence-based practices (EBPs); establishing pilot programs; consolidating multiple programs at different sites into a single streamlined approach; anticipating aggressive timelines when developing implementation plans; and being inclusive, bring many voices to the table.

Regarding the treatment of substance abuse issues for inmates, the DOC utilizes the Matrix Model, an evidence-based substance abuse treatment program that is curriculum based. This program is provided for offenders whose background demonstrates significant substance abuse as measured by COMPAS a risk needs instrument in the Intensive Re-entry sites. Offenders, who score within the medium range for substance abuse are offered the Matrix curriculum. DOC implements the Matrix Model with 14 counselors supported through a Residential Substance Abuse Treatment (RSAT) grant from the Bureau of Justice Assistance (through DCJS). Mr. Bush enumerated the various people that are part of the treatment team and are involved in creating the treatment environment. On innovation has been the development of the treatment officers who, in addition to performing their security duties, are provided additional training so that they are leading groups, providing curriculum, are fully involved in the unit and also help to breakdown some of the barriers between the treatment staff and the security staff. Another important role is that of the Senior Re-entry probation officers who help to bridge the gap from the institution into the communities. Partnerships are also created with the community by bringing in potential employers and job fairs, community speakers and resources, family reunification events, faith-based organizations and re-entry training events.

Dr. Motley and Mr. Bush invited discussion. Council member Stephanie Arnold of DCJS stated that she is responsible for the RSAT Grant and has been working with Mr. Bush since 2011. They are about to enter the third year of the RSAT grant; Ms. Arnold applauded Mr. Bush and his colleagues for the “gold standard” work that they are doing.

Vice-chairman Pritchard thanked Dr. Motley and Mr. Bush for their presentation and invited them back to cover additional related topics in the future.

IV. OLD BUSINESS:

Ms. Randall reported that the state is experiencing a lot of growth in the area of medication assisted treatment, specifically outpatient treatment for opioid dependence (methadone clinics). DBHDS staff are providing technical assistance and working with the Office of Licensing as new facilities come on board. In the next six months there should be three new clinics opening in the state which will bring the total to 28 methadone clinics statewide.

DBHDS is continuing to infuse its system with the philosophy of recovery oriented systems of care through BRSS –TACs (Bringing Recovery Supports to Scale-Technical Assistance Collaborative), which supports including trained peers in service delivery.

DBHDS is also looking at the CSB system to ensure that they are using their resources on evidence-based practices efficiently and effectively. A DBHDS team visits five community services boards a year, reviews the services provided, the resources available, and compliance with federal requirements. The team then schedules technical assistance, as needed.

At the last SASC meeting members received a report about the National Governors' Association focus on prescription drug abuse. Mr. Randall is awaiting word from the Governor's Office on acceptance, release and discussion about the report.

DBHDS is working on implementation of the naloxone pilot programs (HB1672 – 2013) that will permit trained lay rescuers to obtain prescriptions for unnamed persons from community physicians that can be administered using nasal atomizers to people experiencing opioid overdose.

V. NEW BUSINESS:

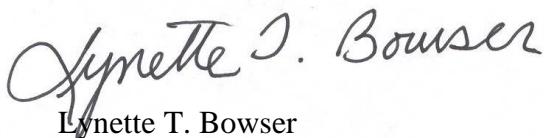
Ms. Lane introduced Ms. Hilda Bauer, the Regional Services Coordinator of Life Center of Galax/CRC Health Group. Ms. Bauer is the incoming chair of the Virginia Summer Institute (VSIAS) and newly-elected chair of the Virginia Association of Drug and Alcohol Programs (VADAP). Ms. Bauer will be representing VADAP on the Council, taking the place of Gina Thorne, who resigned. Ms. Bauer stated that she has a lengthy background in substance abuse services. She approaches substance abuse services with a level of compassion as well as a commitment to cost containment.

Ms. Lane reminded that a fifth SASC meeting has been tentatively scheduled for October 9th in case members need to vote on any endorsements in the Council's Annual Report. A draft of the report will be emailed in advance and comments will be solicited.

VI. PUBLIC COMMENT: There was no public comment.

VII. ADJOURNMENT: The meeting was adjourned at 12:10. If a fifth meeting is required, it will take place on October 9th at 10:00 a.m. at the same location.

Respectfully submitted



Lynette T. Bowser